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CONFIRMATION NO. 4670

<b>SERIAL NUMBER</b> 09/966,562	<b>FILING OR 371(c) DATE</b> 09/26/2001 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> SEA-6-7-US-C
<b>APPLICANTS</b> F. Michael Shofner II, Knoxville, TN; Frederick M. Shofner, Knoxville, TN;				
<b>** CONTINUING DATA *****</b> This application is a CON of PCT/US00/08354 03/30/2000 and claims benefit of 60/127,269 03/31/1999 and claims benefit of 60/143,732 07/14/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/24/2001</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> TN	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 13
Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 31671				
<b>TITLE</b> Controlled deliveries and depositions of pharmaceutical and other aerosolized masses				
<b>FILING FEE RECEIVED</b> 574	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	